

**Allergy and Asthma Center**  
**Anita N. Wasan, MD, FAAP, FAAAAI , Amy Feldman, PA-C**  
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**PATIENT CONSENT FORM TO RECEIVE ALLERGY INJECTIONS AT**  
**AN OUTSIDE MEDICAL FACILITY**

I consent to receiving my allergy immunotherapy injections at a physician-supervised medical facility of Dr. Wasan's office. There are risks to receiving the allergy shot(s) at the outside facility including lack of communication between the outside facility and the Allergy and Asthma Center as well as vial care and storage at the outside facility. I have chosen to receive the shots at the outside facility due to convenience and logistics.

I understand that I am to wait for at least 30 minutes after each allergy injection. I understand that the outside medical facility where I receive my allergy injections is responsible for managing any adverse reaction that I may have to my allergy injection, including hives, difficulty breathing, and anaphylaxis. It is my responsibility to have a current epinephrine auto injector with me at all times, and I understand how and when to use the auto injector.

I understand that if I am having a fever, rash, wheezing or other respiratory symptoms, I am to notify my supervising physician and will not receive my allergy injection at that time. I understand that I am to bring the allergy serum to the outside medical facility each time I am scheduled to receive an injection. The allergy serum is to be refrigerated.. I am to pick up the vials from the Allergy and Asthma Center with the shot instructions and take them to the outside facility. The Allergy and Asthma Center is NOT responsible for the administration of the shots at the outside facility nor the supervision of the patient at the outside facility. This is under the responsibility of the supervising physician/provider at the outside facility. I understand that I will be charged a fee (\$50) payable at the time of the vial pick up on an annual basis to take the vials outside with the necessary paperwork.

I understand that I am to receive my first allergy injection from each new vial at the Allergy and Asthma Center. I understand that it can take up to seven (7) business days from my initial request to take my vials outside to another facility in order for the Allergy and Asthma Center to prepare the necessary paperwork. This seven day wait time is applicable to any time I have to pick up a new set of vials. It is my responsibility to make sure that the Allergy and Asthma Center has received and reviewed my updated shot administration records from the outside facility before they can issue the next set of vials. I have read the above consent form and all of my questions have been answered appropriately.

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**Name of Patient and/or Guardian Date**

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**Signature of Patient/or Guardian**

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**Print Name of Outside Facility**

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**Provider/Physician**